

ANNUAL REPORT

2014

Child Advocacy Center of Frederick County

July 1, 2013 – June 30, 2014

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Annual Report

JULY 1, 2013 – JUNE 30, 2014

The Child Advocacy Center of Frederick County (CAC) promotes child wellbeing by providing a child and family friendly center to address reports of child maltreatment. The CAC uses a multidisciplinary approach to investigation, prosecution, treatment, and advocacy in cases where concerns of child maltreatment have been raised. The CAC's focus is to reduce further trauma to the child.

The CAC provides a safe, welcoming suite within a secure building for children and their non-offending caregivers and family members to access when services are needed to address possible or confirmed child maltreatment. The Center contains two rooms filled with family-friendly furniture and toys, a designated interview room, an interview observation room, and a medical suite. Services provided at the CAC include forensic interviews, pediatric medical examinations, advocacy, and counseling.

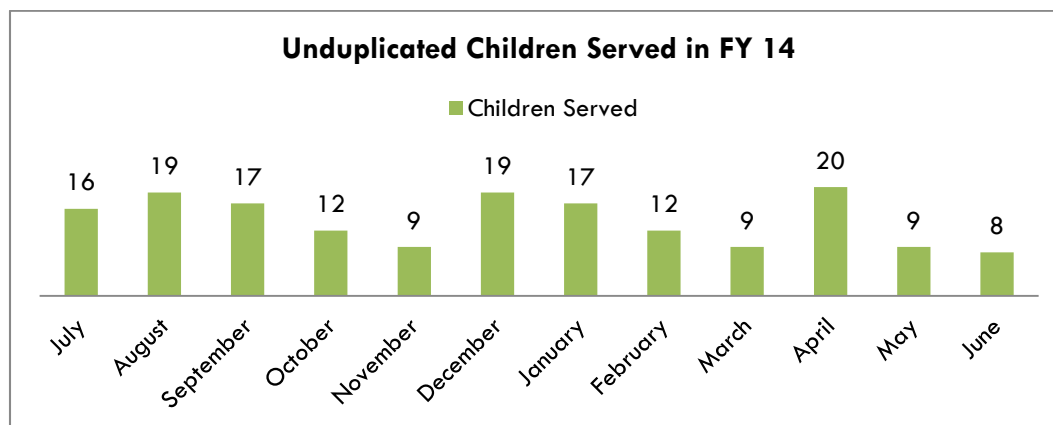
Partners serving on the CAC's multidisciplinary team include representatives from Frederick Police Department, Frederick County Sheriff's Office, detectives from other jurisdictions, the State's Attorney's Office, Child Protective Services, and CAC staff. The multidisciplinary team meets at least twice per month to work collaboratively on cases involving children who come to the CAC, thereby increasing opportunities to share information and insure a comprehensive, non-duplicative approach to efforts to keep children safe.

In addition to multidisciplinary team partner participation, the CAC is strongly supported in the community. Representatives from Heartly House, Frederick Memorial Hospital, Frederick County Public Schools, the City of Frederick, Frederick County Government, Frederick Police Department, Frederick County Sheriff's Office, Maryland State Police, State's Attorney's Office, and Friends of the CAC serve on the CAC Executive Board. The Board meets every other month and is responsible for guiding policies to insure the effective operation of the CAC.

SERVICE TO CHILDREN AND FAMILIES

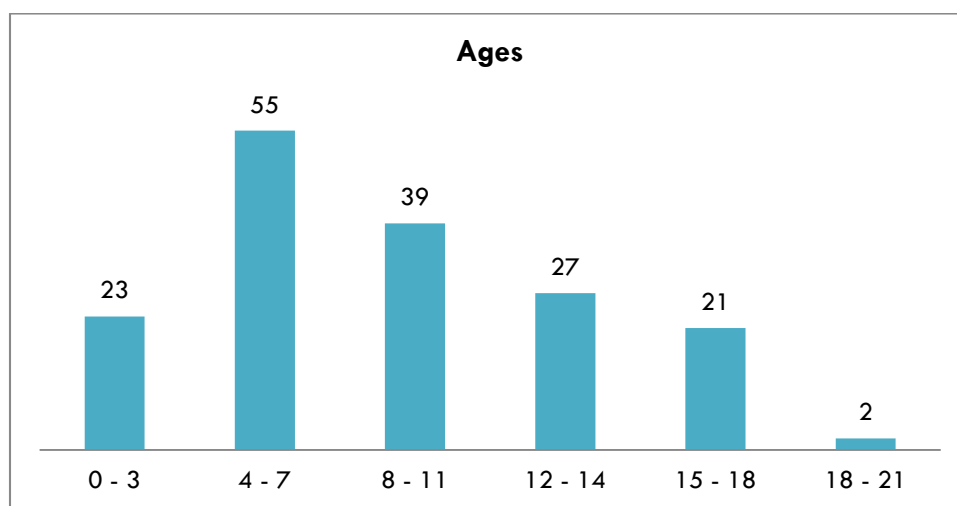
When there are concerns of maltreatment, children and their non-offending caregivers and family members may be referred to the Child Advocacy Center by Child Protective Services or local law enforcement agencies. It is anticipated that referrals will also come from Frederick County Public Schools in fiscal year 2015 to extend outreach to adolescents with a history of running away so they may be screened for maltreatment and receive services as necessary.

The numbers of children referred to the CAC annually appear to be fairly stable. In fiscal year 13, the Child Advocacy Center served 172 children. In fiscal year 2014, services were provided to 167 children. The following chart reflects monthly totals for FY 2014.

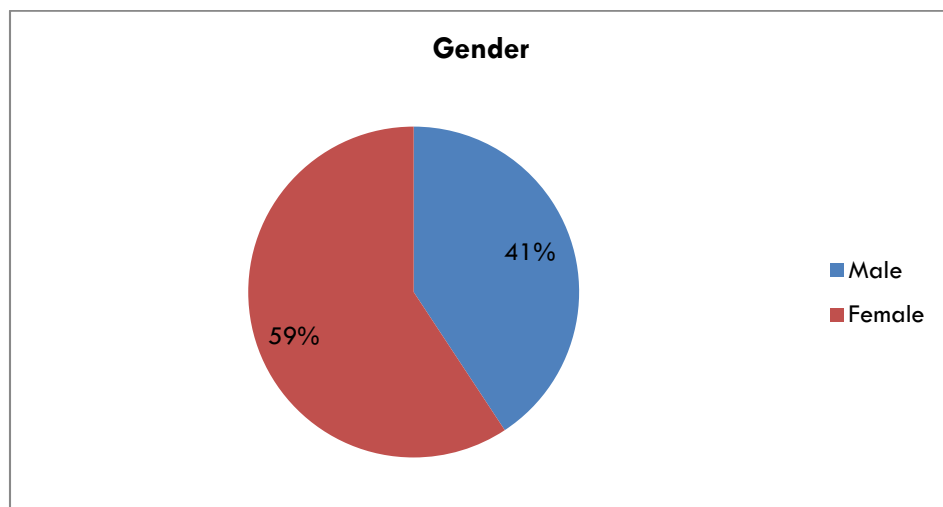


Demographics

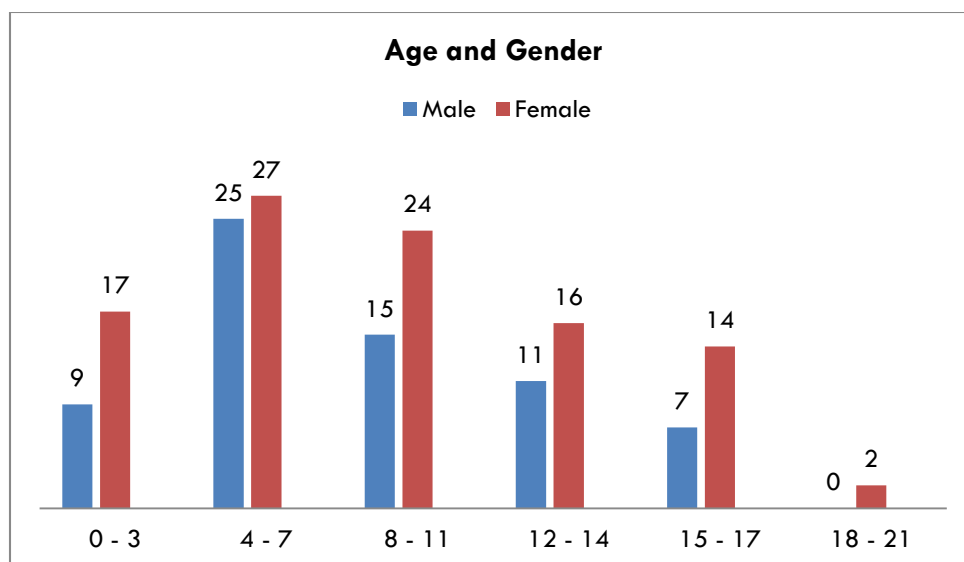
The CAC generally serves children under the age of 18. However, when circumstances warrant (i.e. the child remains in foster care, is still in high school, or has a developmental need) older youth up to age 21 can be served by the CAC on a case by case basis. The following chart depicts the ages of children seen at the CAC during FY 14. As shown, 4 – 7 was the most frequently represented age category.



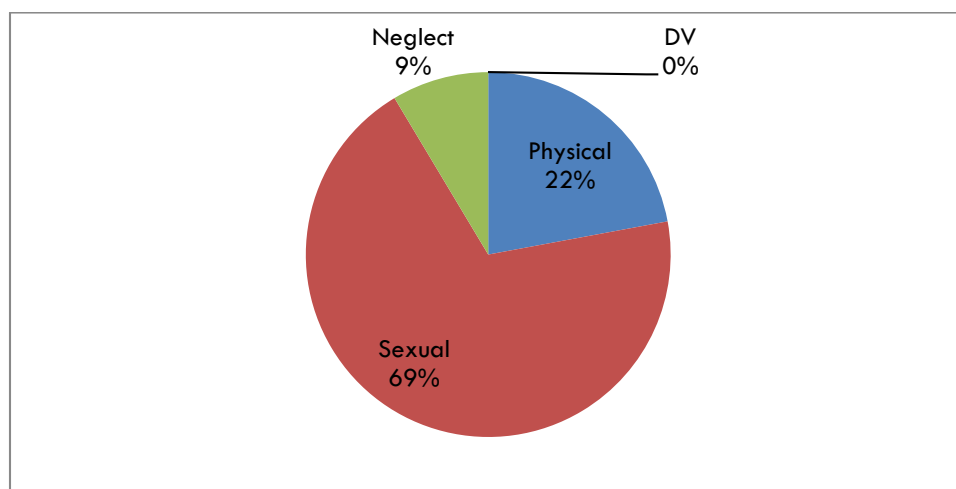
The majority of children referred to the CAC in FY 2014 were female (99 female; 68 male) as depicted in the following chart.



As previously mentioned, the 4 – 7 year age range was the most frequently represented, as depicted in the following chart, which also breaks out the data by gender. This was followed in frequency by the 8 – 11 year old category. More females than males were brought to the CAC in every age category.



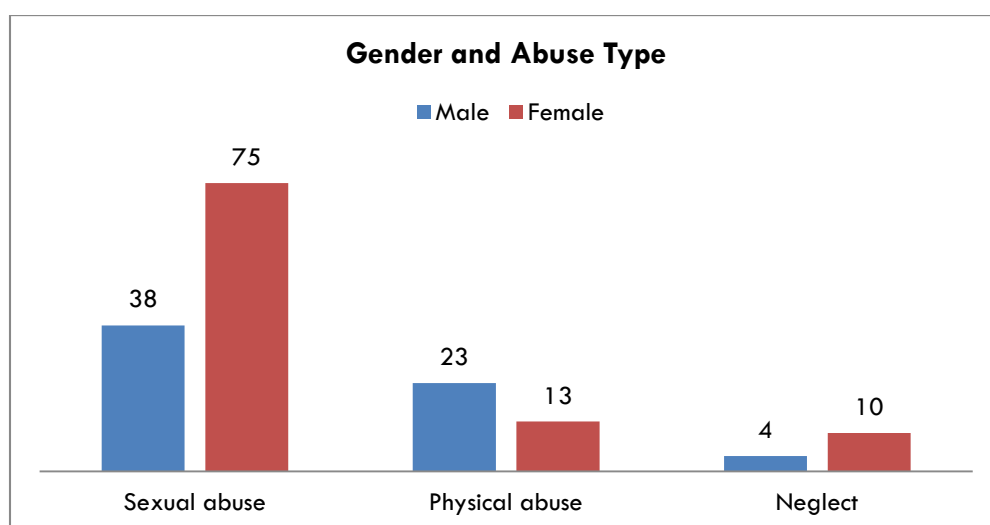
Most often, children were referred for concerns about sexual abuse, as shown.



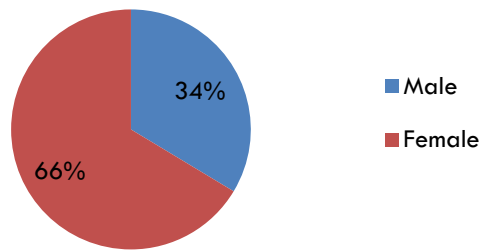
Type of abuse by gender

The following charts show comparisons of children presenting to the CAC for concerns of maltreatment by gender and types of abuse. Numbers add to less than the total number of children brought to the CAC due to foster care examinations necessary to CPS process when sheltering children is outside their family home is essential for safety. Comparisons of abuse by gender type revealed that:

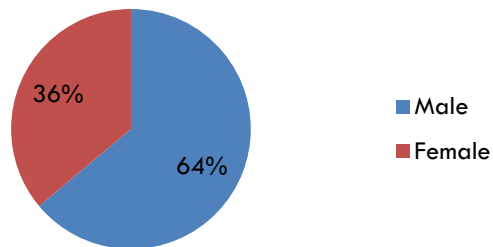
- Two-thirds of the children referred to the CAC for sexual abuse were female.
- Nearly two-thirds of the children referred for physical abuse were male.
- Almost three-fourths of the children referred for neglect were female.



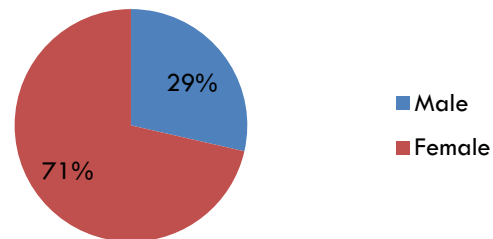
Gender and Sexual Abuse

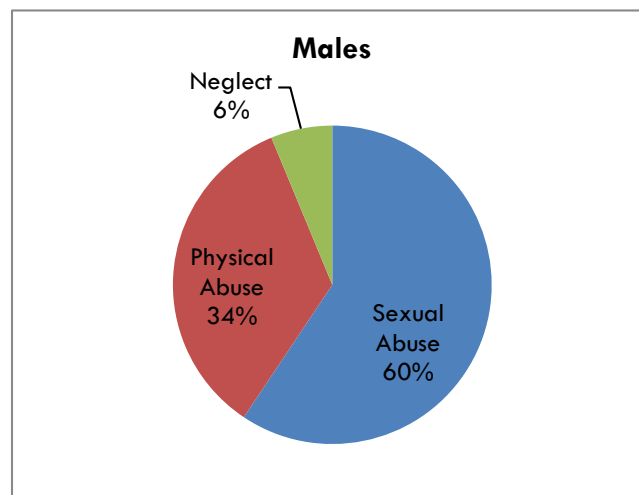
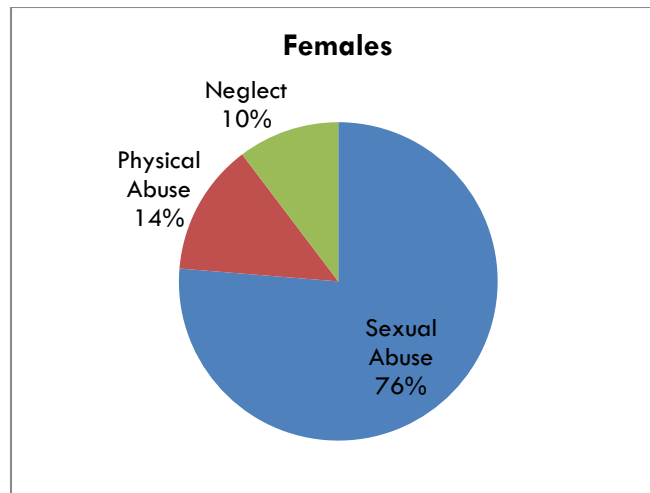


Gender and Physical Abuse



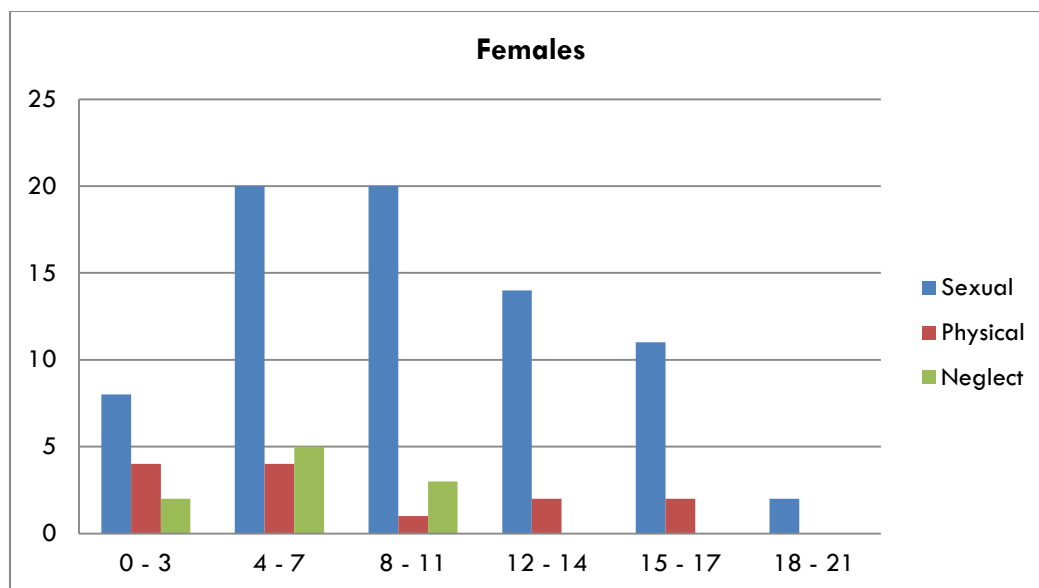
Gender and Neglect



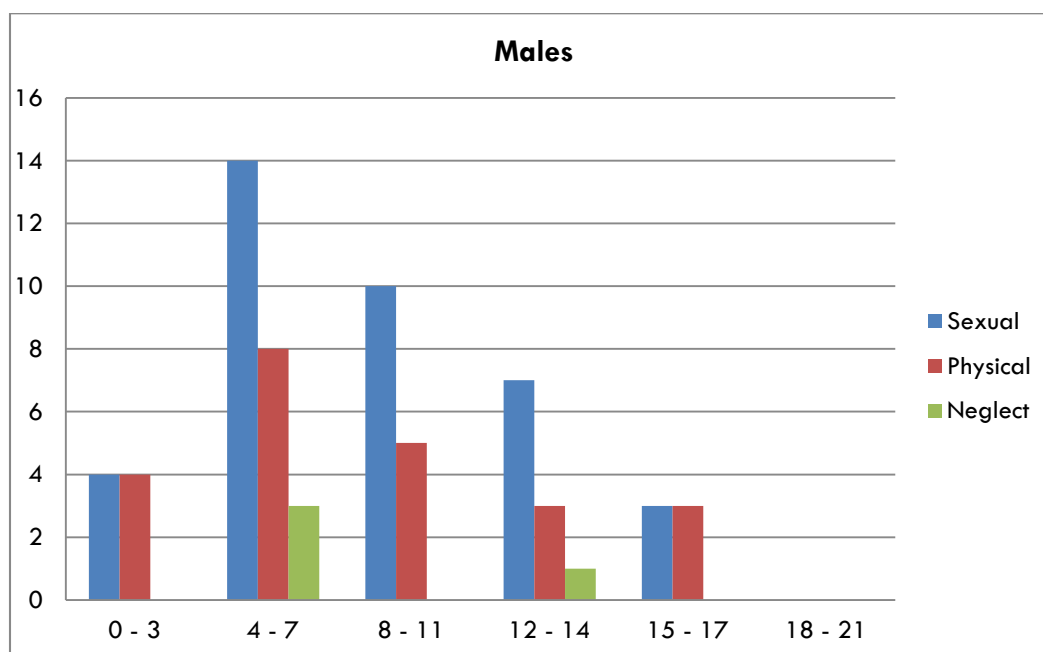


Age, Gender, and Types of Abuse

Comparisons were also made between gender and types of maltreatment concerns and ages of the presenting children. As shown, over half of girls presenting with concerns of sexual abuse (40 of 75—53%) were between the ages of 4 and 11. Physical abuse concerns were distributed throughout the age ranges, while neglect was a presenting concern for females under 12 years of age.



For males, the most frequently represented age category for all three types of maltreatment concerns was the 4 – 7 range. Sixty-three percent (24 of 38) of males presenting with concerns of sexual abuse were in the 4 – 11 year range.



Utilization

The CAC has a high rate of utilization by Child Protective Services when reports of sexual abuse must be investigated. For example, in calendar year 2013, the Department of Social Services reported that 145 cases of child sexual abuse were screened in for investigation. Of those, 125 (86%) were served through the CAC.

Types of Services

CAC staff offer medical, behavioral health, and advocacy services as indicated for children, their non-offending caregivers, and siblings who come to the CAC. There is never a cost to families for these services.

In FY 2014, the following services were provided:

- Criminal justice advocacy 34 encounters
- Personal advocacy 29 encounters
- Financial assistance \$2,569 in gift cards for food, transportation, and emergency supplies
- Information and referral 200 sessions
- Follow up contacts 244 encounters
- Caregiver crisis intervention 15 sessions
- Trauma informed therapy 78 sessions
- Secondary victims' therapy 94 sessions
- Physical abuse exams 26 examinations
- Sexual abuse exams 42 examinations
- Neglect exams 4 examinations

In addition, as active members of the CAC multidisciplinary team, medical, counseling, and advocacy staff provided consultation availability on an ongoing basis to other partners during investigation, prosecution, and treatment phases of CAC cases.

PARTNERSHIPS

The CAC is both a program of the Citizens Services Division of Frederick County Government, and a committed group of partners working together to end child maltreatment. CAC partners and their roles include the following:

Partner	Roles
State's Attorney's Office	The State's Attorney's Office is represented as a voting member of the CAC Executive Board, and participates in regular and ad hoc MDT case review meetings. Their role in case review meetings is to further the successful prosecution of perpetrators of child maltreatment.
Frederick Police Department	The Frederick Police Department is represented on the CAC Executive Board as a voting member, and participates in regular and ad hoc MDT case review meetings. Their role in case review meetings is to further the investigation of alleged maltreatment crimes committed against children in the City of Frederick.
Frederick County Sheriff's Office	The Sheriff's Office is represented on the CAC Executive Board as a voting member, and participates in regular and ad hoc MDT case review meetings. Their role in case review meetings is to further the investigation of alleged maltreatment crimes committed against children in Frederick County.
Maryland State Police	The Maryland State Police department is represented on the CAC Executive Board as a voting member. Their role in case review meetings is to further the investigation of alleged maltreatment crimes committed against children in designated MSP jurisdictions within Frederick County.
Department of Social Services	The Department of Social Services Child Protective Services division is represented as a voting member of the CAC Executive Board, and participates in regular and ad hoc case review meetings. Their role is to further the investigation of alleged child maltreatment committed within all city and county locations in Frederick County.
Frederick County Government	The Child Advocacy Center is a program of the Citizens Services Division of Frederick County Government (FCG). As such, it receives funding and infrastructure support from FCG. The Director of Citizens Services is a voting member of the CAC Executive Board, and supervises the CAC Director.

Frederick Memorial Hospital	Frederick Memorial Hospital is represented on the CAC Executive Board as a voting member. Its Forensic Nurse Examiner program collaborates frequently with the CAC to enhance clinical and other training opportunities for nurses attaining certification in forensic pediatrics.
City of Frederick	The City of Frederick is represented on the CAC Executive Board as a non-voting member. The City of Frederick hosts the annual pinwheel garden and is partnering with the Friends of the CAC to establish the Healing Garden at Bonita Maas Park, dedicated to remembering the importance of protecting children.
Heartly House	Heartly House is represented on the CAC Executive Board as a non-voting member. Heartly House partners with the CAC to co-facilitate the Strengthening Family Coping Resources program, a multi-family group focused on assisting families living in traumatic contexts.
Friends of the CAC	The Friends of the CAC, a private/non-profit 501(c)3 agency, is represented on the CAC Executive Board as a non-voting member. This agency exists to further the efforts of the CAC by assisting families with supplemental therapeutic activities and emergency financial support; enhancing the child/family-friendly atmosphere at the CAC; supporting MDT training; and providing financial and volunteer support for CAC initiatives.
Interns and Volunteers	The CAC is fortunate to have the support of bachelor's and master's level interns as well as numerous community volunteers. Interns assist in research and client support. Volunteers have conducted charity basketball tournaments, contributed gift cards for families, provided holiday gifts, made blankets and provided stuffed animals for children attending the CAC, staffed community education booths, provided meals for families attending CAC sponsored programs, and supervised Eagle Scout projects benefitting the CAC.

INITIATIVES

In FY 2014, the CAC engaged in a number of initiatives to further its mission. These included accreditation planning, staff and MDT trainings, moving to a new location, and the addition of programs designed to increase access to services.

New Location: On November 19, 2013, the CAC moved into a new location. Although the location is not widely publicized (due to a desire to protect the safety and privacy of attending families) it provides improvements in accessibility and layout. With the help of Friends of the CAC volunteers, the CAC suite was entirely operational and serving children within 48 hours. MDT partners were offered key and badge access so that 24/7 facility use is possible.

Accreditation: The CAC instituted policy and procedural changes to bring it into alignment with national accreditation standards. The Policies and Procedural Guidelines were reviewed by MDT partner representatives and the CAC Executive Board, and changes made and adopted. Improvements in case tracking were instituted, including revamping the filing system and acquiring NCATrak, a case tracking system produced and monitored by the National Children's Alliance. NCATrak provides a reliable database that meets federal grant reporting requirements. Application for accreditation will be made through the National Children's Alliance, and is scheduled for the first quarter of FY 2015.

Communication: Confidential email between partner agencies which are not on the same computer system was instituted using a Barracuda application initially. A shared portal has now been created through a Frederick County Government server that allows confidential calendaring and case information sharing by partners entered into the system.

YouthCare: This program is designed to reach adolescents with a history of running away to respond to research highlighting their significantly higher risk of sexual abuse. The CAC will partner with Frederick County Public Schools to screen for maltreatment and offer medical examinations, counseling, and advocacy services as needed. The initial program design has been accomplished and approved, with implementation scheduled for fall, 2014.

Healing Garden: Frederick County lost at least three children in FY 2014 as a result of abuse-related fatal injuries. The emotional costs to loved ones, CAC partners, and the community as a whole have been high, and the CAC sought a way to both remember these children and remind us all of our obligation to protect Frederick County's most vulnerable little citizens. The Friends of the CAC approached the City of Frederick and received permission to site a Healing Garden at Bonita Maas Park, a downtown pocket park just a few blocks from City Hall in Frederick. Planning efforts are underway, with the dedication planned for FY 2015.

Strengthening Family Coping Resources: The Child Advocacy Center and its partners are committed to stopping the cycle of child abuse. One way to do that is to support families to provide the safe, stable, nurturing relationships necessary to protect children and heal from trauma. In June, CAC and Heartly House staff were trained in the Strengthening Family Coping Resources program, developed and monitored by the University of Maryland, to address the complex needs of families with multiple stressors. This program has been shown to improve family stability, decrease symptoms of traumatic stress, and improve outcomes for children. A ten-week series will begin in August, 2014, and a fifteen-week series is scheduled for January, 2015.

Training: The CAC provided or facilitated attendance at several training venues for staff and MDT partners in FY 2014. Trainings included:

Training	Number of Attendees
Mid-Atlantic Conference on Child Abuse and Neglect	11
Safe Place	12
Child First Forensic Interviewing	8
MDT: Agency Cross Training	22
MDT: Understanding Hispanic Culture	19
American Professional Society on the Abuse of Children colloquium	2
25 th Annual Psychological Trauma Conference	1

FINANCES

The CAC received financial support from the following sources during FY 2014:

Source	Amount
Frederick County Government	264,623
Governor's Office on Crime Control and Prevention (VOCA grant)	101,260
Governor's Office on Crime Control and Prevention (CACs grant)	12,500
Contributions and Donations	\$8,374

The CAC currently employs a full time Director, a full time Advocate, a half time Child and Family Counselor, a half time receptionist, a part time Developmental Pediatrician, and a part time Forensic Nurse Examiner. Together with community partners, these professionals are working together to stop the cycle of child abuse, because we believe

"Children are the world's most valuable resource and it's best hope for the future."

John F. Kennedy

APPENDIX: QUALITY IMPROVEMENT

Stakeholder feedback is essential to the process of continuous quality improvement of CAC processes and services. To invite this feedback, the CAC implemented three surveys in FY 2014: a caregiver satisfaction with CAC services survey offered to all families accessing the CAC; an MDT member satisfaction with CAC services survey; and an MDT training outcomes survey. Results are outlined below

Parent/Guardian Survey

Child Advocacy Center of Frederick County Parent/Guardian Survey Results for December 1, 2013 – March 31, 2014

Background

Obtaining information about client satisfaction with services is a critical component of a program's quality improvement efforts, and vital to helping the Child Advocacy Center (CAC) meet its mission. To obtain participant feedback, the CAC began a survey process in December, 2013, contacting parents/guardians of children who come to the CAC. Families were contacted by telephone and invited to complete a satisfaction survey, either over the phone or through the mail. If they consented, a brief informed consent statement was read, and then signed and dated by the CAC staff member (usually the Director or Receptionist). Completed informed consents are kept separate from completed surveys so that responses cannot be traced back to the respondent. Names are not placed on completed surveys.

Response Rates

Although 42 families were represented by the children who came during this time period, only 26 survey opportunities (61%) were offered. Barriers to completion included inability to make telephone contact due to wrong numbers, families moving to new locations, language barriers, and adults bringing children for whom they did not have legal guardianship to the Center, and in the absence of parental consent. All respondents identified English as the primary language spoken in their homes. Language barriers present a serious access issue that will be addressed through translation of the survey (which can then be mailed) and notification of the survey process (and obtaining consent to survey) through the translator at time of service. A goal is to increase the percentage of families offered a survey to at least 85% over the next two quarters. Fourteen of the 26 surveys offered were completed, for a completion rate of 54% --a very high response rate for client satisfaction surveys.

Data

Some survey queries were constructed on five point Likert-type scales measuring strength of agreement with statements of satisfaction, with choices ranging from "strongly disagree" to "strongly agree." Multiple choice and open ended queries were also used. Demographic information was obtained to allow for cross tabulation (i.e. between reported race and satisfaction with respectful treatment). The CAC Director performs data entry and then analyses the aggregated surveys, reporting findings on a quarterly basis to funders and semi-annually to the CAC Executive Board.

Findings are reported both as the percentage of respondents who “agreed” or “strongly agreed” as well as the weighted average score on a 5 point scale (i.e. 4.86 of a possible 5.0). This allows for more sensitivity to the strength of agreement.

Highlights

Percentage scores ranged from a low of 86% of those responding with “agree” or “strongly disagree” to a high of 100%. Scaled scores ranged from a low of 4.07 to a high of 4.86 out of a possible 5.00.

Indicators of highest satisfaction were these:

- 100% (4.86) of respondents indicated the Center environment is warm and welcoming.
- 100% (4.85) indicated their child felt safe at the Center.
- 100% (4.62) agreed that they were offered information and resources that will help them support their child.
- 100% of the 5 respondents whose child received a medical examination said their child felt safe during the examination and that repeated forensic examinations were kept to a minimum.
- 100% (4.57) said their questions were answered to their satisfaction.

Indicators of lowest satisfaction were these:

- 86% (4.29) agreed that if they knew anyone else who was dealing with a similar situation, they would recommend the Center.
- 86% (4.46) agreed that services at the Center were available at times that were convenient for them.
- 86% (4.71) agreed that the interview process was clearly explained to them.
- 92% (4.07) of those responding said their family’s cultural background was treated with respect. However, the scale score on this item was the lowest in the survey. In addition, two respondents marked “not applicable”—one of whom indicated the children were Caucasian and one indicated the child was Hispanic. It is likely that the term “culture” is not universally understood in the same way as was meant in the survey (i.e. language, faith, race, ethnicity, gender, etc.).

MDT Partner Satisfaction with CAC Services

The survey items shown below were ranked in order of highest to lowest agreement with each statement. Responses were recorded on a five point Likert-type scale, with 1 representing “not at all,” 3 representing “somewhat” and 5 representing “very much.”

Item	Please tell us how much you feel the CAC has contributed to the cases discussed during the MDT meetings.	% 4 or 5	Mean Score
F	Ensuring treatment services for the child and family.	100%	5.00
D	Decreasing further trauma to the child during the investigation.	100%	4.83
I	Helping me with my work on cases seen at the CAC.	100%	4.82
K	Overall, the CAC's contribution to the cases discussed is helpful to victims and family members.	100%	4.75
E	Maintaining up to date information about the case.	100%	4.67
A	The overall efficiency of the investigation process.	100%	4.67
B	Improving communication among professionals involved in the case.	100%	4.67
G	Minimizing duplicate services among professionals involved in the case.	92%	4.67
H	Ensuring that the victim is protected from further abuse.	92%	4.64
C	Improving coordination through multiprofessional meetings.	100%	4.58
J	Overall, the CAC's contribution to the cases discussed assists me in working on my cases.	100%	4.58

Comments provided were:

“We need to videotape.”

“Katie has been wonderful in working with families to support them and engage them in services. It would be helpful if Karla and Pam were able to be at the CAC more than two days per week.”

“MDT meetings have grown and in turn improved. Communication is much better between agencies. Great job Lynn!”

MDT Training Outcomes

The CAC hosted a half-day Multidisciplinary Team training April 8, 2014, titled “Understanding Hispanic Culture.” Nineteen individuals attended, and 18 completed anonymous surveys regarding training impact on increased understanding. The CAC Director (also an attendee) did not complete a survey, as she was the author of the survey.

Participants were asked to respond with their level of agreement to statements, based on a 5 point Likert-type scale ranging from strongly agree to strongly disagree. Responses were scored by percentages of those who responded with “agree” or “strongly agree” as well as through mean scores (averages on the 5 point scale) which more sensitively reflect the strength of agreement with the statement.

Highlights:

- The mean scores for all seven items averaged 4.5 out of 5.
- Respondents indicated 100% agreement with five statements.
- The statement showing the strongest agreement indicated that the training positively influenced the way attendees will approach their work with Hispanic families in the future.
- The item with the lowest agreement was in increased understanding of common physical health issues in Hispanic populations in the area. This area may need to be strengthened in future presentations.

Individual item results were as follows, rank ordered from strongest to weakest level of agreement:

Statement	Percentage Agreement	Mean
This training has positively influenced the way I will approach my work with Hispanic families in the future.	100%	4.72
This training has increased my understanding of cultural differences in members of Hispanic populations based on country of origin, education, and levels of acculturation	100%	4.67
This training increased my understanding of barriers to service access for some members of Hispanic communities in this area.	100%	4.67
This training increased my understanding of some common gender roles and parenting practices in members of Hispanic communities in this area.	100%	4.61
This training increased my understanding of the impacts of legal status on family cohesion.	100%	4.61

This training increased my understanding of the types of supports available to families within local Hispanic communities.	94%	4.39
This training increased my understanding of some common physical health issues in Hispanic populations in this area.	77%	3.83

Comments

Participants were asked to identify the most important things they learned at the training. The following are there comments.

- Enjoyed hearing about cultural differences.
- How to understand last names.
- Cultural barriers related to being an undocumented immigrant.
- How the Latino community feels about dealing with us.
- That the majority of the Hispanic population I will deal with will be lower income, lower educated because of their background in their country of origin.
- Learning about how my profession can make Hispanic families feel more comfortable.
- That regardless of assurances Hispanics who are illegal will still fear police no matter what is said.
- An overall appreciation for how difficult it is for Hispanics to assimilate into our culture.
- Talking about the immigration issue.
- Just understanding the cultural shock and difference and to be more aware of that.
- Family cohesion in Hispanic culture, reasons children are left behind when parents come to America, reasons for families to come to the U.S.
- Compassion.
- How much stress is involved in crossing the border.

Participants were also asked to identify what changes they would suggest. There comments were:

- Nothing.
- More visual aids.
- Have additional training classes.
- Nothing, it was great!
- None
- Longer time to get into more depth (scenarios, for example).